

P.C. Henry Ervin
Personnel Office
Department of MH/MR

DEPARTMENT OF MENTAL HEALTH/MENTAL RETARDATION
COMPLAINT FORM

Employee: Winifred Blackledge Facility: Albert Brewer Center
Classification: Mental Health Social Worker II
Department/Unit: Community Services

STATEMENT OF COMPLAINT: (Attach additional sheets if necessary)

I am currently performing the job responsibilities of a Community Services Specialist III and Community Services Specialist IV without compensation.

ACTION REQUESTED:

I want to be compensated and promoted to a Mental Health Specialist II.

Employee Signature: Winifred Blackledge Date: 12/15/03
RECEIVED BY: Shirley Patterson Date: 12-15-03

Step 1: Immediate Supervisor Date Received: 12/5/03 Meeting Date: Not Available
Susan Stuardi Employee on Medical leave -
Name: _____ Comments: See attached memo

Step 2: Personnel Office Date Received: _____ Meeting Date: _____

Name: _____ Comments: _____

Step 3: Personnel Office Date Received: _____ Meeting Date: _____

Name: _____ Comments: _____

Step 4: Personnel Office Date Received: _____ Meeting Date: _____

Name: _____ Comments: _____



PLAINTIFF'S
EXHIBIT

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